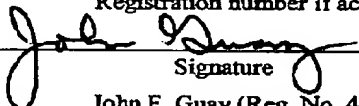


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**JUN 23 2005**

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> 3411-4	
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> [37 CFR 1.8(a)] I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____. Signature: _____ Name: _____		<b>In re Application of:</b> Shizuo SUMIDA <b>Application Number</b> 09/551,867 <b>Filed:</b> April 18, 2000 <b>For:</b> NON-LINEAR CHARACTERISTIC REPRODUCING APPARATUS AND NON-LINEAR CHARACTERISTIC REPRODUCING PROGRAM MEDIUM <b>Group Art Unit:</b> 2128 <b>Examiner:</b> Thai Q. Phan	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate entity fee are as follows (check time period desired):			
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)		\$ _____	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)		\$ _____	
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)		\$ <u>1,020.00</u>	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)		\$ _____	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)		\$ _____	
<input type="checkbox"/> Applicant claims small entity status.			
<input type="checkbox"/> A check to cover the fee is enclosed.		07/11/2005 BABRAHA1 00000045 192380 09551867	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		01 FC:1253 1020.00 DA	
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record.			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
 Signature		June 23, 2005 Date	
John F. Guay (Reg. No. 47,248) Typed or printed name		202-585-8000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.			

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